



Form approved - OMB No. 1215-0188  
 Expires 11-30-2002

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

File No.	C. 464
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**A. Person Filing**

1. Name and mailing address (include ZIP code):  Labor Information Service, Inc. PO Box 6063 Malibu, CA 90264		2. Any other address where records necessary to verify this report are kept:  None	
3. Date fiscal year ends: 12/31/02	4. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):		

**B. Nature of Agreement or Arrangement**

5. Full name and address of employer with whom made (include ZIP code): Lourdes Health System 1533 Haddon Avenue Camden, NJ 08103-3117		6. Date entered into: 1/3/02
		7. Names of persons through whom made: Janet P. Moran
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: A. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing. B. <input type="checkbox"/> To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.		

**9. Terms and conditions (Explain in detail; see Part B-9 of instructions):**

Starting 1/4/02 through 1/31/02, our firm will be conducting meetings with employees from the voting unit to discuss the realities of signing authorization cards and voting in the upcoming election. A maximum of 225 hours will be allocated to this work. Billing of time and expenses will be done monthly. There is no written agreement as to a maximum billable amount.

**C. Specific Activities to be Performed**

**10. For each activity, separately list in detail the information required (See Part C-10 of instructions):**

a. Nature of activity:  
To inform employees in the voting unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining.

b. Period during which performed: 1/4/02 through 1/31/02	c. Extent performed: On-going meetings, up to 24 hours before the election will be performed. These will be group or individual meetings to discuss NLRA basic guidelines, review ACT and answer questions.
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d. Names and addresses of persons through whom performed:  
M. Roan  
Labor Information Services, Inc.  
PO Box 6063 - Malibu, CA 90264



**11. Identify (a) Subject employees, groups of employees, and (b) labor organization:**  
All voting employees in bargaining unit.

**D. Verification and Signature.** The person in item I above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: <i>[Signature]</i> (if other title, cross out and write in correct title above.) city Malibu state CA Date on: 1/31/02	President	Signed: _____ (if other title, cross out and write in correct title above.) city _____ state _____ Date on: _____	Treasurer
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File No.	C.	464
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**A. Person Filing**

1. Name and mailing address (include ZIP code):  Labor Information Service, Inc. PO Box 6063 Malibu, CA 90264		2. Any other address where records necessary to verify this report are kept:  None	
3. Date fiscal year ends: 12/31/02	4. Type of person: a. <input type="checkbox"/> Individual    b. <input type="checkbox"/> Partnership    c. <input checked="" type="checkbox"/> Corporation    d. <input type="checkbox"/> Other (Specify):		

**B. Nature of Agreement or Arrangement**

5. Full name and address of employer with whom made (include ZIP code): St Mary's Medical Center 18300 Highway 18 Apple Valley, CA 92307		6. Date entered into: 3/30/02
		7. Names of persons through whom made: Cathy Pelley
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: A. <input checked="" type="checkbox"/> To persuade employees to exercise or not to exercise, or employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing. B. <input type="checkbox"/> To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.		

**9. Terms and conditions (Explain in detail; see Part B-9 of instructions):**

Starting 3/30/02 through 4/30/02 our firm will be conducting meetings with employees from the voting unit to discuss the realities of signing authorization cards and voting in the upcoming election. A maximum of 200 hours will be allocated to this work. Billing of time and expenses will be done monthly. There is no written agreement as to a maximum billable amount.



**C. Specific Activities to be Performed**

**10. For each activity, separately list in detail the information required (See Part C-10 of instructions):**

a. Nature of activity:  
To inform employees in the voting unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining.

b. Period during which performed: 3/30/02 through 4/30/02	c. Extent performed: On-going meetings, up to 24 hours before the election will be performed. These will be group or individual meetings to discuss NLRA basic guidelines, review ACT and answer questions.
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d. Names and addresses of persons through whom performed:  
 P. Famijusi - Labor Information Services, Inc. - PO Box 6063 - Malibu, CA 90264  
 A. Toyar - Labor Information Services, Inc. - PO Box 6063 - Malibu, CA 90264  
 M. McHatten - Labor Information Services, Inc. - PO Box 6063 - Malibu, CA 90264  
 L. Wong - Labor Information Services, Inc. - PO Box 6063 - Malibu, CA 90264  
 S. Harris - Labor Information Services, Inc. - PO Box 6063 - Malibu, CA 90264

**11. Identify (a) Subject employees, groups of employees, and (b) labor organization:**  
All voting employees in bargaining unit.

**D. Verification and Signature.** The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: <i>David Burke</i> (if other title, cross out and write in correct title above.) city Malibu state CA Date on: 4/30/02 at:	President	Signed: (if other title, cross out and write in correct title above.) city state Date at:	Treasurer
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File No.	C. 464
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A. Person Filing

1. Name and mailing address (include ZIP code):  Labor Information Service, Inc. PO Box 6063 Malibu, CA 90264		2. Any other address where records necessary to verify this report are kept:  None	
3. Date fiscal year ends: 12/31/02	4. Type of person: a. <input type="checkbox"/> Individual    b. <input type="checkbox"/> Partnership    c. <input checked="" type="checkbox"/> Corporation    d. <input type="checkbox"/> Other (Specify):		

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): Jefferson Health System - Magee Rehab Six Franklin Plaza Philadelphia, PA 19102-1177		6. Date entered into: 3/1/02
		7. Names of persons through whom made: David Brodar

8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:  
 A.  To persuade employees to exercise or not to exercise, or employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.  
 B.  To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

Starting 3/1/02 through 3/15/02, our firm will be conducting meetings with employees from the voting unit to discuss the realities of signing authorization cards and voting in the upcoming election. A maximum of 200 hours will be allocated to this work. Billing of time and expenses will be done monthly. There is no written agreement as to a maximum billable amount.

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

a. Nature of activity:  
To inform employees in the voting unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining.

b. Period during which performed: 3/1/02 through 3/15/02	c. Extent performed: On-going meetings, up to 24 hours before the election will be performed. These will be group or individual meetings to discuss NLRA basic guidelines, review ACT and answer questions.
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d. Names and addresses of persons through whom performed:  
J. Rodriguez - Labor Information Services, Inc. - PO Box 6063 - Malibu, CA 90264  
M. Roan - Labor Information Services, Inc. - PO Box 6063 - Malibu, CA 90264

11. Identify (a) Subject employees, groups of employees, and (b) labor organization:  
All voting employees in bargaining unit.



D. Verification and Signature. The person in item I above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: <u>Daniel Burke</u> (if other title, cross out and write in correct title above.) city Malibu state CA Date on: 3/30/02	President	Signed: _____ (if other title, cross out and write in correct title above.) city _____ state _____ Date on: _____	Treasurer
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REVISED

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File No. C. 464

A. Person Filing

1. Name and mailing address (include ZIP code): Labor Information Service, Inc. PO Box 6063 Malibu, CA 90264
2. Any other address where records necessary to verify this report are kept: None
3. Date fiscal year ends: 12/31/02
4. Type of person: a. Individual b. Partnership c. Corporation d. Other (Specify):

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code): CKE Restaurants, Inc. 401 W Carl Karcher Way Anaheim, CA 92803-4349
6. Date entered into: 8/27/01
7. Names of persons through whom made: Robert Wilson
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:
a. To persuade employees to exercise or not to exercise, or employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

Increase maximum hours to 375.



C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):
a. Nature of activity: To inform employees in the voting unit to exercise their right to choose whether or not they wish to be represented for the purposes of collective bargaining.
b. Period during which performed: 8/28/01 through election date
c. Extent performed: On-going meetings, up to 24 hours before the election will be performed. These will be group or individual meetings to discuss NLRA basic guidelines, review ACT and answer questions.
d. Names and addresses of persons through whom performed: J. Anderson - D. Wolfert - A. Tovar Labor Information Services, Inc. - PO Box 6063 - Malibu, CA 90264

11. Identify (a) Subject employees, groups of employees, and (b) labor organization:

All voting employees in bargaining unit.

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed: [Signature] President
Signed: Treasurer
at: Malibu CA on: 1/31/02